

Docket No. US040147

DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION

As a below named inventor(s), I/we hereby declare that:  
My residence, post office address and citizenship are as stated below  
next to my name;

I believe I am the original, first and sole inventor (if only one name  
is listed below) or an original, first and joint inventor (if plural  
names are listed below) of the subject matter which is claimed and for  
which a patent is sought on the invention entitled

## SELF-STORING MEDICAL ELECTRODES AND METHOD FOR MAKING SAME

the specification of which(check one)

☒ [ X ] is attached hereto

☐ [ ] was filed on \_\_\_\_\_ as Application Serial No.

I hereby state that I have reviewed and understand the contents of the  
above-identified specification, including the claims, as amended by  
any amendment referred to above.

I acknowledge the duty to disclose information which is material to  
the examination of this application in accordance with Title 37, Code  
of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §120 of  
any United States application(s) listed below and, insofar as the  
subject matter of each of the claims of this application is not  
disclosed in the prior United States application in the manner  
provided by the first paragraph of Title 35, United States Code, §112,  
I acknowledge the duty to disclose material information as defined in  
Title 37, Code of Federal Regulations, §1.56(a) which occurred between  
the filing date of the prior application and the national or PCT  
international filing date of this application:

60/556,132  
Application Serial No.

03/23/2004  
Filing Date

\_\_\_\_\_  
Status

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith as well as to file equivalent patent applications in countries foreign to the United States including the filing of international patent applications in accordance with the Patent Cooperation Treaty: W. Brinton Yorks, Jr. (Reg. #28,923), Frederick J. McKinnon (Reg. #28,240), Jack E. Haken (Reg. #26902), and Michael E. Marion (Reg. #32,266).

Address all telephone calls to W. Brinton Yorks, Jr. at telephone no. (425) 487-7152.

Address all correspondence to W. Brinton Yorks, Jr., ATL Ultrasound, Inc., 22100 Bothell Everett Highway, P.O. Box 3003, Bothell, Washington 98041-3003.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature:  
Full Name of First Inventor:

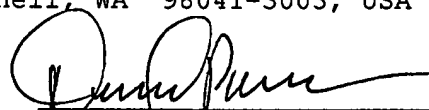
  
Eric Jonsen

Date:

5/5/04

Citizenship: United States  
Residence City: Seattle, WA  
Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

Inventor's Signature:  
Full Name of Second Inventor:

  
Dan Powers


Date:

5/5/2004

Citizenship: United States  
Residence City: Issaquah, WA  
Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

Inventor's Signature:

Full Name of Third Inventor:

  
Greg Brink

Date:

5/5/04

Citizenship: United States

Residence City: Bainbridge Island, WA

Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO**

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

28159

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

28159

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Fax

Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.  
Groenewoudseweg 1  
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/86 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>Michael E. Marion</i>	Date	02 FEB 2005
Name	Michael E. Marion	Telephone	(914) 333-9637
Title	Authorized Representative		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: KONINKLIJKE PHILIPS ELECTRONICS N.V.

Application No./Patent No.: \_\_\_\_\_ Filed/Issue Date: \_\_\_\_\_

Entitled: SELF-STORING MEDICAL ELECTRODES

Koninklijke Philips Electronics N.V., a corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

W. Brinton Yorks, Jr./

09/07/2006

Signature

Date

W. Brinton Yorks, Jr.

Reg. #28,923

425-487-7152

Printed or Typed Name

Telephone Number

Authorized Appointed Practitioner of Assignee

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

SOLE/JOINT ASSIGNMENT

For good and valuable consideration, receipt of which is hereby acknowledged, I/we, as a below-named Assignor(s), hereby sell, assign, and transfer the entire and exclusive right, title, and interest in the following to **Koninklijke Philips Electronics N.V.**, having a place of business at Groenewoudseweg 1, 5621 BA Eindhoven, NL, its successors, assigns, and legal representatives, including any nominees (collectively "the Assignee"):

my/our invention relating to SELF-STORING MEDICAL ELECTRODES AND METHOD FOR MAKING SAME

for which

[ ] a U.S. provisional application for patent will be filed in the United States Patent and Trademark Office,

[ X ] a U.S. provisional patent application was filed in the United States Patent and Trademark Office on 03/23/2004 having a Serial Number 60/556,132,

(2) the foregoing application and all other United States, foreign and international patent applications associated therewith, based thereon, or claiming priority therefrom including, but not limited to, any and all provisionals, non-provisionals divisions, continuations, continuations-in-part, reexaminations, reissues, and extensions thereof, and

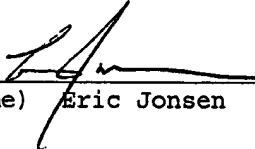
(3) the right to claim priority thereto, and the entire and exclusive right, title, and interest in and to any and all patents granted on these applications.

I/We authorize and request that the Patent Office officials in the United States and in any and all foreign countries to issues any and all Letters Patent when granted, solely to **Koninklijke Philips Electronics N.V.**, for its sole use, and that of its successors, assigns, and legal representatives.

I/we will provide my/our cooperation to enable the Assignee to enjoy the foregoing right, title, and interest to the fullest extent. Upon request at the expense of the Assignee, I/we agree to execute all papers, take all rightful oaths, testify in all legal proceedings including patent prosecutorial actions and infringement actions, and do all other such acts which may be necessary, desirable, or convenient for securing and maintaining patents on the foregoing invention or for perfecting title thereto in the Assignee.

I/We certify that I/we have the full right to convey the above rights.


5/5/04  
Date

(signature)   
(printed name) Eric Jonsen, Assignor

5/5/2004  
Date

(signature) , Assignor  
(printed name) Dan Powers

5/5/04  
Date

(signature) , Assignor  
(printed name) Greg Brink